

LCD for Commodes (L11475)

Contractor Information

Contractor Number

00635

Contractor Type

DMERC

LCD Information

LCD ID Number

L11475

LCD Title

Commodes

Contractor's Determination Number

COMM

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CMS National Coverage Policy

CMS Pub. 100-3, (Medicare National Coverage Determinations Manual), Chapter 1, Section 280.1

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 01/01/2006

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must (1) be eligible for a defined Medicare benefit category, (2) be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member, and (3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A commode is covered when the patient is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

- 1) The patient is confined to a single room, or
- 2) The patient is confined to one level of the home environment and there is no toilet on that level, or
- 3) The patient is confined to the home and there are no toilet facilities in the home.

An extra wide/heavy duty commode chair (E0168) is covered for a patient who weighs 300 pounds or more. If the patient weighs less than 300 pounds but the basic coverage criteria for a commode chair are met, payment will be based on the least costly medically appropriate alternative, E0163.

A mobile commode chair (E0164, E0166) is not medically necessary. If basic coverage criteria for a commode chair are met, payment will be based on the least costly medically appropriate alternative stationary commode chair, E0163 or E0165, respectively.

A commode chair with detachable arms (E0165) is covered if the detachable arms feature is necessary to facilitate transferring the patient or if the patient has a body configuration that requires extra width. If coverage criteria are not met payment will be denied as not medically necessary.

Commode chair with seat lift mechanism (E0170, E0171) is covered if the patient has medical necessity for a commode and meets the coverage criteria for a seat lift mechanism (see DMERC Local Coverage Determination [LCD and Policy Article] on Seat Lift Mechanisms). However, a commode with seat lift mechanism is intended to allow the patient to walk after standing. If the patient can ambulate, he/she would rarely meet the coverage criterion for a commode. Therefore, if the patient is capable of walking from the bed to the bathroom, a KX modifier must not be added to the code for the commode with seat lift mechanism.

Coverage Topic

Commode Chairs
Durable Medical Equipment

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory;

unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

- EY** No physician or other licensed health care provider order for this item or service
- GY** Item or service statutorily excluded or does not meet the definition of any Medicare benefit
- KX** Specific required documentation on file

HCPCS CODES:

- E0163 COMMODE CHAIR, STATIONARY, WITH FIXED ARMS
- E0164 COMMODE CHAIR, MOBILE, WITH FIXED ARMS
- E0165 COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS
- E0166 COMMODE CHAIR, MOBILE, WITH DETACHABLE ARMS
- E0167 PAIL OR PAN FOR USE WITH COMMODE CHAIR
- E0168 COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH
- E0170 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE
- E0171 COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE
- E0175 FOOT REST, FOR USE WITH COMMODE CHAIR, EACH

ICD-9 Codes that Support Medical Necessity

Not specified.

Diagnoses that Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified.

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 1395l (e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request.

Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

For all commodes (E0163-E0171), modifier KX must be added to the code only if all of the coverage criteria as described in the Indication and Limitations of Coverage and/or Medical Necessity section have been met.

In addition, for a commode chair with a seat lift mechanism (E0170-E0171), modifier KX must only be used if the patient meets all of the criteria for a seat lift mechanism.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

03/30/1993

End Date of Comment Period

05/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

005

Revision History Explanation

Revision Effective Date: 01/01/2006

INDICATIONS AND LIMITATION OF COVERAGE:

Removed LCA statement for E0165.

Revised statements related to E0165

Revised statements for commodes E0170 and E0171.

HCPCS CODES:

Added: E0170 and E0171

Deleted: E0169

DOCUMENTATION REQUIREMENTS:

Added E0170, E0171 as requiring the KX modifier if criteria for seat lift mechanism is met.

Removed requirement for documentation of weight to be submitted on claim with E0168.

Revision Effective Date: 04/01/2005

DOCUMENTATION REQUIREMENTS:

Corrected HCPCS code E0169 description.

Revision Effective Date: 04/01/2005(Date corrected from 01/01/2005 to 04/01/2005.)

LMRP converted to LCD and Policy Article

HCPCS CODES/MODIFIERS:

Added GY modifier

DOCUMENTATION REQUIREMENTS:

All codes now require the KX modifier.

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: EY modifier

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added standard language concerning coverage of items without an order.

CODING GUIDELINES:

Moved definition of extra wide /heavy duty commode chair (E0168) to Coding Guidelines section.

DOCUMENTATION:

Added standard language concerning an order requirement.

Added standard language concerning use of the EY modifier.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

07/01/2002 - Replaced SADMERC reference with paragraph referring to SADMERC Web site.

04/01/2002 - Added new HCPCS E code replacing K code for extra wide, heavy-duty commodes. Added new HCPCS code for commode with seat lift mechanism and coverage criteria allowing for its reimbursement. Added a new KX modifier to be used with a commode with seat lift mechanism if coverage and payment rules have been fulfilled.

09/01/1999 – Added HCPCS code K0457 (extra wide/heavy duty commode chair). Added definition for extra wide/heavy duty commode chair. Revised Coverage and Payment Rules section. Added K0457 to bundling table in Coding Guidelines section. Added information for K0457 in Documentation section.

Last Reviewed On Date

Related Documents

Article(s)

A23857 - Commodes - Policy Article - Effective January 2006

LCD Attachments

There are no attachments for this LCD

Other Versions

Updated on 01/31/2005 with effective dates 04/01/2005 - N/A

Updated on 01/31/2005 with effective dates 04/01/2005 - N/A

Updated on 11/22/2004 with effective dates 04/01/2005 - N/A

Updated on 11/05/2004 with effective dates 04/01/2003 - 03/31/2005

Article for Commodes - Policy Article - Effective January 2006 (A23857)

Contractor Information

Contractor Number

00635

Contractor Type

DMERC

Article Information

Article ID Number

A23857

Article Type

Article

Key Article

Yes

Article Title

Commodes - Policy Article - Effective January 2006

Original Article Effective Date

04/01/2005

Article Revision Effective Date

01/01/2006

Article Text**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

A raised toilet seat is noncovered; therefore, a commode chair that is used as a raised toilet seat by positioning it over the toilet is also noncovered. When a commode chair is provided for use in this manner, modifier GY must be added to the code for the commode chair and modifier KX must not be used.

A footrest (E0175) is noncovered because it is not medical in nature.

CODING GUIDELINES

A commode with seat lift mechanism (E0170, E0171) is a free-standing device that has a commode pan and that has an integrated seat that can be raised with or without a forward tilt while the patient is seated. An integrated device is one which is sold as a unit by the manufacturer and in which the lift and the commode cannot be separated without the use of tools.

Extra wide/heavy duty commode chairs (E0168) have a width of greater than or equal to 23 inches and are also capable of supporting a patient who weighs 300 pounds or more.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

Column I (Column II)

E0163 **(E0167)**

E0164 **(E0167)**

E0165 **(E0167)**

E0166 **(E0167)**

E0168 **(E0167)**

E0170 **(E0167, E0627, E0628, E0629)**

E0171 **(E0167, E0627, E0628, E0629)**

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

Coverage Topic

Commode Chairs

Durable Medical Equipment

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 01/01/2006

CODING GUIDELINES:

Added: E0170 and E0171 to the correct coding table.

Added definition of E0170 and E0171.

Effective Date: 04/01/2005

LMRP converted to LCD and Policy Article

HCPCS CODES/MODIFIERS:

Added GY modifier

NON-MEDICAL NECESSITY COVERAGE & PAYMENT RULES:

Defines noncovered use of a commode chair

Related Documents

LCD(s)

L11475 - Commodes

Other Versions

Updated on 11/22/2004 with effective dates N/A - N/A